

08/22/01
JC867 U.S. PTO

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REISSUE PATENT APPLICATION TRANSMITTAL

Address to: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231	Attorney Docket No.	X-10576A
	First Named Inventor	Harlan Edgar Shannon
	Original Patent Number	5,945,416
	Original Patent Issue Date (Month/Day/Year)	August 31, 1999
	Express Mail Label No.	EL 832952027 US

APPLICATION FOR REISSUE OF: ☒ Utility Patent ☐ Design Patent ☐ Plant Patent
(check applicable box)

APPLICATION ELEMENTS	ACCOMPANYING APPLICATION PARTS
1. <input checked="" type="checkbox"/> Fee Transmittal Form (PTO/SB/56) (Submit an original and a duplicate for fee processing)	7. <input type="checkbox"/> Transfer drawings from Patent File
2. <input checked="" type="checkbox"/> Specification and Claims (amended, if appropriate)	8. <input type="checkbox"/> Foreign Priority Claim (35 USC 119) (if applicable)
3. <input type="checkbox"/> Drawing(s) (proposed amendments, if appropriate)	9. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations
4. <input checked="" type="checkbox"/> Reissue Oath/declaration (original or copy) (37 CFR 1.175)(PTO/SB/51 or 52)	10. <input type="checkbox"/> English Translation of Reissue Oath/Declaration (if applicable)
5. Original U.S. Patent <input checked="" type="checkbox"/> Offer to Surrender Original Patent (37 CFR 1.178) (PTO/SB/53 or PTO/SB/54) or <input type="checkbox"/> Ribboned Original Patent Grant <input type="checkbox"/> Affidavit/Declaration of Loss (PTO/SB/55)	11. <input type="checkbox"/> Small Entity <input type="checkbox"/> Stmt. Filed in prior application, Status still proper and desired
6. Original U.S. Patent currently assigned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, check applicable box(es)) <input checked="" type="checkbox"/> Written Consent of all Assignees (PTO/SB/53 or PTO/SB/54) <input type="checkbox"/> 37 CFR 3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney	12. <input checked="" type="checkbox"/> Preliminary Amendment 13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 14. <input type="checkbox"/> Other: _____

15. CORRESPONDENCE ADDRESS

<input type="checkbox"/> Customer Number or Bar Code Label	(Insert Customer No. or Attach bar code label here)	or <input checked="" type="checkbox"/> Correspondence address below			
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	Lilly Corporate Center, Drop Code 1104				
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Signature	<i>Nelsen L. Lentz</i>	Date	August 22, 2001

"Express Mail" mailing label number EL 832952027 US
Date of Deposit: August 22, 2001

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Olga M. Fean
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0824-01

PTO/SB/17 (12/97)

Approved for use through 09/30/00. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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FEE TRANSMITTAL

Note: Effective November 10, 1997.

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$2,228

METHOD OF PAYMENT (check one)

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit
Account
Number
Deposit
Account Name

05-0840

Eli Lilly and Company

- ☒ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17
- ☐ Charge the Issue Fee Set in 37 CFR 1.18 at the Mailing of the Notice of Allowance

2. ☐ Payment Enclosed:☐ Check ☐ Money Order ☐ Other

FEE CALCULATION

FILING FEE

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
101	710	201	355	Utility filing fee	
106	320	206	160	Design filing fee	
107	490	207	245	Plant filing fee	
108	710	208	355	Reissue filing fee	\$710
114	150	214	75	Provisional filing fee	

SUBTOTAL (1) (\$710.00

CLAIMS

Total Claims	Reissue Extra	Fee from below	Fee Paid
91	-20**	71	X 18 = 1278
6	-3**	3	X 80 = 240
Multiple Dependent Claims (first time)			X 270 =

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description
103	18	203	9	Claims in excess of 20
102	80	202	39	Independent claims in excess of 3
104	270	204	135	Multiple dependent claim
109	78	209	39	Reissue independent claims over original patent
110	18	210	9	Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$1518.00

**or number previously paid, if greater; For Reissues, see above

Complete if Known

Application Number
Filing Date
First Named Inventor Harlan Edgar Shannon
Group Art Unit
Examiner Name
Attorney Docket Number X-10576A

FEE CALCULATION (continued)

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
105	130	205	65	Surcharge-late filing fee or oath	
127	50	227	25	Surcharge-late provisional filing fee or cover sheet.	
139	130	139	130	Non-English specification	
147	2,520	147	2,520	For filing a request for reexamination	
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for reply within first month	
116	390	216	195	Extension for reply within second month	
117	890	217	445	Extension for reply within third month	
118	1,390	218	695	Extension for reply within fourth month	
128	1,890	228	945	Extension for reply within fifth month	
119	310	219	155	Notice of Appeal	
120	310	220	155	Filing a brief in support of an appeal.	
121	270	221	135	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive-unavoidable	
141	1,240	241	620	Petition to revive-unintentional	
142	1,210	242	605	Utility issue fee (or reissue)	
143	430	243	215	Design Issue Fee	
144	580	244	290	Plant Issue Fee	
122	130	122	130	Petitions to the Commissioner	
123	50	123	50	Petitions related to provisional applications	
126	240	126	240	Submission of Information Disclosure Stmt.	
581	40	581	40	Recording each patent assignment per property (times number of properties)	
146	710	246	355	Filing a submission after final rejection (37 CFR 1.129(a))	
149	710	249	355	For each additional invention to be examined (37 CFR 1.129(b))	
179	710	279	355	Request for Continued Examination (RCE)	
169	900	169	900	Request for expedited examination of a design application	

Other fee (specify)
Other fee (specify)

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$0.00

SUBMITTED BY

Typed or Printed Name NELSEN L. LENTZ
Signature

Complete (if applicable)

Reg. Number 38,537

Date

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